

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90209 050 ***150.00

DOCUMENT # P98000006338
 1. Entity Name
EI CORPORATION

Principal Place of Business
5785 S.W. 48 STREET
MIAMI FL 33155

Mailing Address
5785 S.W. 48 STREET
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5920 SW 50 Terrace
 Suite, Apt. #, etc.

3. Mailing Address
5920 SW 50 Terrace
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country
USA

Zip
33155

Country
USA

4. FEI Number **65-0805191** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, EMILIO A
5785 S.W. 48 STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **Emilio A. Alvarez**

Street Address (P.O. Box Number is Not Acceptable)
5920 SW 50 Terr

City **Miami** FL Zip Code **33155**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Emilio A. Alvarez* **Emilio A. Alvarez** 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|---------------------|----------------|---------------------------------|
| D | ALVAREZ, EMILIO A | 5785 S.W. 48 STREET | MIAMI FL 33155 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|-------------------|-----------------|-----------------|--|-----------------------------------|
| President | Emilio A. Alvarez | 5920 SW 50 Terr | Miami, FL 33155 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emilio A. Alvarez* **Emilio A. Alvarez** 4/15/02 (305) 663-0262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)